

Fill in this information to identify the case:

Debtor name Marx Sheet Metal & Mechanical, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) 5:23-bk-00839

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 12, 2023

X /s/ Joseph Marx

Signature of individual signing on behalf of debtor

Joseph Marx

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Marx Sheet Metal & Mechanical, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **5:23-bk-00839**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 31,500.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 6,208,537.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 6,240,037.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 5,994,562.37
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 27,829,089.18
4. Total liabilities Lines 2 + 3a + 3b	\$ 33,823,651.55

Fill in this information to identify the case:Debtor name **Marx Sheet Metal & Mechanical, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **5:23-bk-00839**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Univest Bank and Trust Co.****Checking****0296****\$0.00**3.2. **Univest Bank and Trust Co.****Payroll****0320****\$0.00**3.3. **Fidelity Bank****Checking****6742****\$0.00**3.4. **Fidelity Bank****Payroll****6749****\$0.00**3.5. **Fidelity Bank****Checking****1851****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments**

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6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 9,599,985.00 - 5,671,411.00 = \$3,928,574.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,928,574.00

Part 4: **Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Coils and similar inventory		Unknown		\$10,000.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$10,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

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- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Assorted office supplies and equipment	Unknown		\$10,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$10,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	See attached list	Unknown		Unknown

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

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49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
2021 Iowa Precision Pro-Fabriduct Full Coil Line System

Unknown

Unknown

2000 Engel Compact II Coline HVAC Duct Manufacturing System

Unknown

Unknown

See attached list

Unknown

Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **Blackman Street Property - Parcel # 73-I9NE4 B002 L006**

Fee simple

\$0.00

\$16,500.00

55.2. **Blackman Street Property Parcel # 73-I9NE4-002-005-000**

Fee simple

\$0.00

\$15,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$31,500.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

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58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

**Loan Receivable from Marx NJ Group
d/b/a Halo Marx**

4,399,926.00
Total face amount

- 2,199,963.00
doubtful or uncollectible amount

= \$2,199,963.00

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

Key Man Life Insurance on Joseph Marx - Penn Mutual Insurance - Cash Surrender Value - May be subject to liens

\$60,000.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$2,259,963.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$3,928,574.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$10,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$10,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$31,500.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$2,259,963.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$6,208,537.00</u>	+ 91b. <u>\$31,500.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$6,240,037.00</u>

Year	Manufacturer	Model	Product Type	VIN / Serial Number
Vehicles & Trailers				
2005	Sterling	A9500	Truck Tractor - S/A	2FWBA3CV25AU07876
2008	Ford	F-550XL Super Duty	Flatbed Truck - S/A	1FD4F56R08EA19468
2008	Ford	F-450 Super Duty	Flatbed Truck - 4x4	1FDXE47R68EA73182
2000	International	4700	Van Body Truck - S/A	1HTSCAAM1YH268174
2015	Nissan	NV2500 HD	Panel Van	1N6AF0LX3FN808010
1987	Ford	E-350	Cube Van	1FDE37M8R4HB83856
2002	Ford	E-450 Super Duty	Passenger Bus - S/A	1FDXE45S22HB70541
2015	Ford	F-250XL T Super Duty, Extended Cab	Pickup Truck - 4x4	1FTTX2B64FEA06662
2008	Ford	F-150XL T, Crew Cab	Pickup Truck - 4x4	1FTT1PW14588FB25801
2015	Volvo	XC60, T6 Platinum	Sport Utility Vehicle - AWD	YV4902RM5F2661431
2016	Ford	Escape SE	Sport Utility Vehicle - 4x4	1FMCU9GX1GUA42135
2016	Ford	Escape SE	Sport Utility Vehicle - 4x4	1FMCU9GXSQUA94173

Year	Manufacturer	Model	Product Type	VIN / Serial Number
2007	Cadillac	DTS, 4-Door	Automobile	1G6KD57Y47U222374
2006	Chevrolet	Silverado 1500	Pickup Truck - 4x4	3GCEK14V06G143014
2017	Ford	Escape SE	Sports Utility Vehicle - 4x4	1FMCU9GD0HJD82402
2021	LGS PA, LLC	LSCAB8.5x24TE3F, 24'	Aluminum Cargo Trailer - T/A	53BLTEB23MP016076
2019	LGS PA, LLC	ST85X24TE3, 24'	Aluminum Cargo Trailer - T/A	53BLTEB23KP008377
2019	LGS PA, LLC	ST85X24TE3, 24'	Aluminum Cargo Trailer - T/A	53BLTEB2XKP008375
1985	Great Dane	48'	Drop Deck Trailer - T/A	1GRDM9620FM094004
2002	Washash National	28'	Aluminum Van Trailer - S/A	1J1V281W42L782846 (PA Registration Card)
2000	Washash National	DVCHSA, 28'	Aluminum Van Trailer - S/A	1J1V281W2YL705482
1999	Washash National	DVDRHSA 28'	Aluminum Van Trailer - S/A	1J1V281W6XL515473
1988	Pines	CTSR28102, 28"	Aluminum Van Trailer - S/A	1PNE281F5JKB33872
1997	Strick	45'	Aluminum Van Trailer - T/A	1S12S8454VD416392
-	Fruhauf / Not Available	-	(3) Storage Trailers	MAJ-162702 & Not Available
2004	Great Dane		Trailer	1GRAA56114B705856
2001	Washash National		Trailer	1J1V281W21L745843
2001	Washash National		Trailer	1J1V281N31L745351
1998	Fruhauf		Trailer	1H2V02819JH012835
1988	Pines		Trailer	1PNE281F9JKA27828
2022	Freightliner		Truck	3ALACWFC3NDNK7162
2018	GMC	Yukon	Truck	1GKS2GKC0JR383717
1997	Washash National		Trailer	1J1V281S4VL360576



Year	Manufacturer	Model	Product Type	VIN / Serial Number
1999	Waspash National		Trailer	1JJV281W8XL515538
-	-	18'	Tag-A-Long Coil Pipe Trailer - T/A	Not Available
Forklifts, Pallet Jacks, & Scissor Lifts				
2015	Doosan	GC55C-5, 10,450#	Cushion Tired Forklift	FGBOE-1290-00062
1994	Hyster	S100XL, 10,000#	Solid Tired Forklift	D04V08157R
2000	Hyster	H35XM, 3,300#	Cushion Tired Forklift	D001H06210X
-	Yale	MSW030SCN12TV 083	Walk Behind Stacker	B820N03103X
-	-	G941	Walk Behind Pallet Jack	Not Available
1997	Grove	SM3884XT, 38'	Scissor Lift - 4x4	41042
1997	JLG	2646E, 26'	Scissor Lift	200037623
-	JLG	2646E, 26'	Scissor Lift	Not Available
1998	JLG	2032E2, 20'	Scissor Lift	200044469
1998	JLG	2033E, 20'	Scissor Lift	200041491
Brakes, Benders, & Rolls				
-	Feco / Roto - Die	15, 10"x14 GA	Hydraulic Bender	82333
-	-	8"	Manual Brake	Not Available
-	Chicago	W37, 8'	Manual Box and Return Box and	1098813
-	Tennsmith	4'	Roller Bender	Not Available
-	R.T. Smith Manufacturing	2024VP, 24"x20 GA	Vertical Cleat Bender	R0208741503
-	Tennsmith	CB24, 24"x20 GA	Manual C-Flat Bender	16656
-	-	24"	Manual Check Bend	Not Available
1989	Roundo AB	IP 110/5, 60"x10 GA	Plate Bending Roll	1832
-	Pexto	381D, 36"x22 GA	Manual Slip Roll	51
Duct Related Manufacturing Machines				
2000	Iowa Precision	CM-F-HD	Dual Head Cormatic Corner Insertion Machine	CM0001
2009	Jeline Engineering	WS-60Z, 60"	Longitudinal Seam Welding Machine	090009
2000	Engel	M-516PS-V	Phisburgh Seam Roll Grooving Machine	224-2000
-	Vicmatic	VE414MC	Roll Grooving Machine	414M327

Year	Manufacturer	Model	Product Type	VIN / Serial Number
-	Engel	M1640, 18-26 GA	Roll Former	121396-96
-	Lockformer	AGF-16, 16 GA	Auto Guide Flanger	FB-AGF1618259
-	Lockformer	20 GA	Roll Former	FB-LS2018180
-	Lockformer	SS20, 20 GA	Roll Former	SS2310
-	Lockformer	-	Cleatformer Roll Former	C13080 (Partial Plate - Damaged)
1989	Roper Whitney / Pexio	3617-D	Combination Rotary Machine	579-3-89
2002	Spiral - Heilix	200L	Spiral Tube Forming Machine	4010202
-	Duro Dyne	RH	Rolling Head Pin Spotter	1369
-	Duro Dyne	MFFT	Compact Pinspotter	Not Available (Plate Damage)
Plasma Cutting Equipment				
-	Lockformer	Vulcan Plus 10	Plasma Cutting System	VULGRYUS107408 / 65-050426
2000	Miller	Spectrum 300 CutMate, 33.6 AMP	Plasma Cutting System	LA158494 / Stock # 903479
Shear, Saw, Notcher, & Drill Press				
1997	Adina	GHS-0630, 10"x1/4"	Hydraulic Squaring Shear	3227 / 8764D
2010	MSC	MH-916JRP	Horizontal Metal Cutting Bandsaw	99283607
-	Ruoff	-	Notcher	2657B (Owner Provided)
-	Rockwell	Series 15-017	Drill Press	1559553
Trimble Equipment				
2015	Trimble	TX-8	3D Laser Scanner	94510176
2021, N/A	Trimble	RTS673	Robotic Total Station	(2) 74130309, 73710006
Welders, Air Compressor & Generator				
2009	Miller	PipeWorx 400	Multiprocessor Welding System	LK220114G / Stock# 907382
1999	Miller	Millernatic 185	MIG Welding Power Source	KK062168 / Stock# 903497
2021	Miller	Millernatic 180 Auto-Set	MIG Welding Power Source	MB100525N / Stock# 907312

Year	Manufacturer	Model	Product Type	VIN / Serial Number
1999	Lincoln	Square Wave Tig 275	TIG Welding Power Source	U1990107504 / Code# 10605
2001	Lincoln	Power Mig 255	MIG Welding Power Source	U1010305353 / Code # 10563
-	Roper Whitney	15KVA	Rocker Arm Spot Welder	EH922
-	Ingersoll-Rand	T30, 30HP	Horizontal Air Compressor	Not Available
-	Tahoe	TP17000 LXH 7,000 Watt	Portable Generator	HP 13116398

EQUIPMENT - BRIDGWATER

Item #	Year	Manufacturer	Model	Product Type	VIN / Serial Number
Forklift					
HM1	1998	Hyster	S120XL2, 11,700#	Solid Tired Forklift	D004D06425V
Plasma Cutting Equipment					
HM2	-	East Coast	-	Plasma Cutting System	Not Available / 15770509
HM3	-	East Coast	-	Plasma Cutting System	Not Available / Not Available
HM4	-	InnerLogic	SR-45i, 45 AMP	Plasma Cutting Systems	(3) 3250696, 0190691, Not Available
Welders & Air Compressor					
HM5	2009	Miller	Millermatic 252	MIG Welding Power Source	LK130332N / Stock# 907322
HM6	2001	Miller	Millermatic 250X	MIG Welding Power Source	LB181390 / Stock# 903770
HM7	2001	Miller	Millermatic 250X	MIG Welding Power Source	LB087408 / Stock# 903770
HM8	2001	Miller	Millermatic 135XP	Wire Welder	LB038031 / Stock# 907001
HM9	-	Lors	150AR-DV, 50 KVA	Rocker Arm Spot Welder	802-7240
HM10	-	Ingersoll-Rand	2545K10-P, 10HP	Vertical Air Compressor	CBV199846
Brake, Benders, & Rolls					
HM11	-	Roto-Die	15, 10"x14 GA	Hydraulic Bender	98408
HM12	-	Roper Whitney	816, 8"x16 GA	Manual Brake	3621-7-00

Item #	Year	Manufacturer	Model	Product Type	VIN / Serial Number
HM13	-	Tennsmith	CB 18, 18"	Manual Cleat Bender	Not Available
HM14	-	Rams	24"	Manual Check Bender	Not Available
HM15	1988	Roundo AB	IP 110/5, 60"x10 GA	Plate Bending Roll	1715
HM16	-	Pexto	30"x2"	Slip Roller	Not Available
Shear, Saw, & Ironworker					
HM17	-	Cincinnati	1010, 10'x10 GA	Mechanical Shear	32926
HM18	-	Scotchman	CPO350 HT, 14"	Circular Cold Saw	B70240405
HM19	-	Mubea	HPS250, 28 Ton	Ironworker	0150886428825
Duct Related Manufacturing Machines					
HM20	2009	Iowa Precision	FAH-1672-VP, Pro-XVI, Whisper-Loc	Seam Closing Machine	FAH120901
HM21	2009	Iowa Precision	CM-C-HDA	Dual Head Cornermatic Corner Insertion Machine	CM120901
HM22	-	Lockformer	6016, 16-30 GA	Beading Roll Former	FB060130
HM23	-	Lockformer	AGF-16, 16 GA	Auto Guide Flanger	AG3631
HM24	-	Lockformer	SS20, 20 GA	Roll Former	SSFS3307
HM25	-	Lockformer	20 GA	Roll Former	2996
HM26	-	Lockformer	20 GA	Roll Former	(Plate Damaged)
HM27	1989	Lockformer	22 GA	Cleatformer Roll Former	C13603
HM28	-	Lockformer	TDC	Roll Former	Not Available
HM29	1958	Niagara	#180	Combination Rotary Machine	71612

Item #	Year	Manufacturer	Model	Product Type	VIN / Serial Number
HM30	-	Duro Dyne	RH	Rolling Head Pin Spotter	Not Available
HM31	-	Harper / Engel	-	Angle Iron Machine	Not Available

Fill in this information to identify the case:Debtor name **Marx Sheet Metal & Mechanical, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **5:23-bk-00839**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 American Contractors Indemnity Co. Creditor's Name 801 S. Figueroa St Suite 700 Los Angeles, CA 90017 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Blanket Lien on all corporate assets Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
2.2 Berkley Insurance Co. Creditor's Name 475 Steamboat Road Greenwich, CT 06830 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien Blanket Lien on all corporate assets Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	\$0.00

Debtor **Marx Sheet Metal & Mechanical, Inc.**

Name

Case number (if known)

5:23-bk-00839☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

**GreatAmerica Financial
Services**

Creditor's Name

**625 First Street
Cedar Rapids, IA
52401-2030**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Trimble Equipment**\$21,166.94****Unknown**

Describe the lien

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

Univest Bank and Trust Co.

Creditor's Name

**14 N. Main Street
Souderton, PA 18964**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**2021 Iowa Precision Pro-Fabriduct Full Coil
Line System****\$2,200,894.69****Unknown**

Describe the lien

Blanket Lien on all corporate assets**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.5

Univest Bank and Trust Co.

Creditor's Name

**14 N. Main Street
Souderton, PA 18964**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2000 Engel Compact II Coline HVAC Duct
Manufacturing System****\$3,757,168.74****Unknown**

Describe the lien

Blanket Lien on all corporate assets**Is the creditor an insider or related party?**☒ No

Debtor **Marx Sheet Metal & Mechanical, Inc.**
Name

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Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6

US Bank Equipment Finance

Creditor's Name

**1310 Madrid Street
Marshall, MN 56258**

Creditor's mailing address

Describe debtor's property that is subject to a lien
Equipment

\$15,332.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

8600

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$5,994,562.37

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**David Gilliss, Esquire
White & Williams
600 Washington Ave, Suite 303
Towson, MD 21204**

Line **2.2**

**Paige Willan, Esquire
Klehr Harrison Harvey Branzburg
1835 Market Street, Suite 1400
Philadelphia, PA 19103**

Line **2.4**

**Simmons Perrine Moyer Bergman
1150 Fifth Avenue
Suite 170
Coralville, IA 52241**

Line **2.3**

Debtor **Marx Sheet Metal & Mechanical, Inc.**
Name

Case number (if known) **5:23-bk-00839**

Fill in this information to identify the case:Debtor name **Marx Sheet Metal & Mechanical, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **5:23-bk-00839**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Commonwealth of Pennsylvania Dept of Revenue PO Box 280946 Harrisburg, PA 17128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Internal Revenue Service Bankruptcy Specialist PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Marx Sheet Metal & Mechanical, Inc.**
Name

Case number (if known)

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2.3 Priority creditor's name and mailing address
**Luzerne County Treasurer
20 N. Pennsylvania Avenue
Wilkes Barre, PA 18701**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Unknown Unknown

Date or dates debt was incurred

Basis for the claim:
Real Estate Taxes

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address
**A-Verdi
14150 Route 31
Savannah, NY 13146**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

\$6,840.92

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address
**A.J. Blosenski, Inc.
A Waste Connections Company
PO Box 392
Elverson, PA 19520-0392**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,674.51

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number **5837**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address
**Abe Solomon Realty Co.
701 S Main Street
Wilkes Barre, PA 18702**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,000.00

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address
**Able Equipment Rental Inc.
PO Box 69335
Baltimore, MD 21264-9335**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,277.24

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address
**Accuspec, Inc.
c/o The Kaighn Company
663 Raritan Road, Suite C
Cranford, NJ 07016**

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

\$34,263.97

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Marx Sheet Metal & Mechanical, Inc.**
Name

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3.6	Nonpriority creditor's name and mailing address Acia, LTD PO Box 127 Emigsville, PA 17318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,590.31
3.7	Nonpriority creditor's name and mailing address Action Lift, Inc. 1 Memco Dr. Pittston, PA 18640 Date(s) debt was incurred ____ Last 4 digits of account number 0855	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.08
3.8	Nonpriority creditor's name and mailing address Admar 121 Armstrong Road Pittston, PA 18640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$846.00
3.9	Nonpriority creditor's name and mailing address Advance Controls, Inc. 4505 18th Street Bradenton, FL 34203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,101.85
3.10	Nonpriority creditor's name and mailing address Advanced Speciality Contractor 1077 Commercial Ave. East Petersburg, PA 17520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$396,434.06
3.11	Nonpriority creditor's name and mailing address Airflow Company PO Box 630609 Baltimore, MD 21263-0609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,258.67
3.12	Nonpriority creditor's name and mailing address Airgas USA, LLC 6055 Rockside Woods Blvd. N. Independence, OH 44131-2329 Date(s) debt was incurred ____ Last 4 digits of account number 6185	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,296.56

Debtor **Marx Sheet Metal & Mechanical, Inc.**
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3.13	Nonpriority creditor's name and mailing address AJB Trash & Recycling Service PO Box 392 Elverson, PA 19520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.94
3.14	Nonpriority creditor's name and mailing address Albireo Energy LLC 126 Sandy Drive Newark, DE 19713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,593.00
3.15	Nonpriority creditor's name and mailing address American Arbitration Association 120 Broadway 21st Floor New York, NY 10271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.16	Nonpriority creditor's name and mailing address American Geophysics, Inc. 180 Main Street, #177 Butler, NJ 07405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.17	Nonpriority creditor's name and mailing address American Strip Steel 901 Coopertown Road Delanco, NJ 08078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,299.81
3.18	Nonpriority creditor's name and mailing address AMICO 85 Fulton Way, Richmon Hill Ontario, Canada L4B2N4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,572.00
3.19	Nonpriority creditor's name and mailing address Anthracite Rubber PO Box F Shavertown, PA 18708-0878 Date(s) debt was incurred ____ Last 4 digits of account number MARX	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.36

Debtor **Marx Sheet Metal & Mechanical, Inc.**
Name

Case number (if known)

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3.20	Nonpriority creditor's name and mailing address APR Supply Co. 749 West Guilford Street Lebanon, PA 17046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.43
3.21	Nonpriority creditor's name and mailing address ARC Document Solutions LLC 417 North 8th Street Philadelphia, PA 19123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$566.26
3.22	Nonpriority creditor's name and mailing address Ascensus 23693 Network Place Chicago, IL 60673-1236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.23	Nonpriority creditor's name and mailing address Assured Partners 1130 Highway 315 Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,859.00
3.24	Nonpriority creditor's name and mailing address Astro Pak 270 E. Baker Street Suite 100 Costa Mesa, CA 92626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,971.00
3.25	Nonpriority creditor's name and mailing address Atlantic Propane PO Box 3516 Scranton, PA 18505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.26	Nonpriority creditor's name and mailing address ATMOS-TECH INDUSTRIES 1108 Pollack Ave. Ocean, NJ 07712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,251.00

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3.27	Nonpriority creditor's name and mailing address Banner Industries One Industrial Drive Danvers, MA 01923 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,523.04
3.28	Nonpriority creditor's name and mailing address BBC International PO Box 434 New Hope, PA 18938 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.78
3.29	Nonpriority creditor's name and mailing address BeaconMeades 1059 Paragon Way Rock Hill, SC 29730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,424.03
3.30	Nonpriority creditor's name and mailing address Beaver Valley Environmental, L 714 Beaver Valley Road Bloomsburg, PA 17815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.10
3.31	Nonpriority creditor's name and mailing address Best Line Equipment 2582 Gateway Drive State College, PA 16801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.87
3.32	Nonpriority creditor's name and mailing address Betz Mechanical & Industrial Suppli P.O. Box 16210 Philadelphia, PA 19114 Date(s) debt was incurred ____ Last 4 digits of account number <u>7901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,176.23
3.33	Nonpriority creditor's name and mailing address Binghamton Hardware Co. PO Box 927 101 Eldredge Street Binghamton, NY 13902-0927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,538.56

Debtor **Marx Sheet Metal & Mechanical, Inc.**
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3.34	Nonpriority creditor's name and mailing address Blankin Equipment 489 Shoemaker Road King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,322.00
3.35	Nonpriority creditor's name and mailing address Blue Sky Controls 1801 Market Street Suite 220 Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,050.00
3.36	Nonpriority creditor's name and mailing address Brandsafway 740 Veterans Drive Swedesboro, NJ 08085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,040.50
3.37	Nonpriority creditor's name and mailing address Builders Supply Co. PO Box 192 Wilkes Barre, PA 18703-0192 Date(s) debt was incurred ____ Last 4 digits of account number <u>R600</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.38	Nonpriority creditor's name and mailing address Burt Process Equipment PO Box 185100 Hamden, CT 06518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.39
3.39	Nonpriority creditor's name and mailing address Bush Distributors 504 E. Wingohocking Street Philadelphia, PA 19120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,897.43
3.40	Nonpriority creditor's name and mailing address BWS PO Box 954 Glenside, PA 19038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,990.50

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3.41	Nonpriority creditor's name and mailing address C.H. Reed 301 Poplar Street Hanover, PA 17331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,407.00
3.42	Nonpriority creditor's name and mailing address Camden Yards Steel 2500 Broadway Drawer 14 Camden, NJ 08104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,323.37
3.43	Nonpriority creditor's name and mailing address Canon Financial Services, Inc. 14904 Collections Center Dr. Chicago, IL 60693-0149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.13
3.44	Nonpriority creditor's name and mailing address Capital Group American Funds PO Box 659530 San Antonio, TX 78265-9530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.50
3.45	Nonpriority creditor's name and mailing address Cardmember Service PO Box 106 Saint Louis, MO 63166-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$835.39
3.46	Nonpriority creditor's name and mailing address Carpenter & Paterson, Inc. PO Box 347831 Pittsburgh, PA 15251-4876 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,668.99
3.47	Nonpriority creditor's name and mailing address Carrier Corporation 29917 Network Place Chicago, IL 60673-1299 Date(s) debt was incurred 12.14.22 - 8.31.22 Last 4 digits of account number 5716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,864.00

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3.48	Nonpriority creditor's name and mailing address Central Clay Products, Inc. 101 Scott Street Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.40
3.49	Nonpriority creditor's name and mailing address Chesco Coring and Cutting 2047 Charlestown Road Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
3.50	Nonpriority creditor's name and mailing address Cintas Corporation 1065 Hanover Street Wilkes Barre, PA 18707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,605.42
3.51	Nonpriority creditor's name and mailing address Circle Bolt & Nut Co., Inc. 158 Pringle Street Kingston, PA 18704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.69
3.52	Nonpriority creditor's name and mailing address City of Philadelphia Parking Violations PO Box 41819 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number 6593	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.00
3.53	Nonpriority creditor's name and mailing address City of Wilkes Barre 40 East Market Street Wilkes Barre, PA 18711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.50
3.54	Nonpriority creditor's name and mailing address Clapp Associates, Inc. 1325 O'Reilly Drive Feasterville Trevose, PA 19053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.00

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3.55	Nonpriority creditor's name and mailing address Clean Work Booth, Inc. 2344 Jones Road Jacksonville, FL 32220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,940.00
3.56	Nonpriority creditor's name and mailing address Clear Spring Insurance PO Box 74007141 Chicago, IL 60674-7141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,244.00
3.57	Nonpriority creditor's name and mailing address CM3 Building Solutions 185 Commerce Drive Suite 200 Fort Washington, PA 19034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,800.00
3.58	Nonpriority creditor's name and mailing address Cohen, Seglias, Pallas 30 South 17th Street Philadelphia, PA 19102-1912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,463.83
3.59	Nonpriority creditor's name and mailing address Cohnreznick LLP 101 Crawfords Corner Road Holmdel, NJ 07733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,000.00
3.60	Nonpriority creditor's name and mailing address Colony Hardware Corp. 101 Wesley Drive Mechanicsburg, PA 17055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,656.74
3.61	Nonpriority creditor's name and mailing address Commonwealth of PA. Dept of Labor & Industry - Unemployment Comp Fund 651 Boas Street Harrisburg, PA 17121-0750 Date(s) debt was incurred ____ Last 4 digits of account number 6277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295,077.50

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3.62	Nonpriority creditor's name and mailing address Comprehensive Test & Balance 55 Park Drive Dover, PA 17315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,575.89
3.63	Nonpriority creditor's name and mailing address Conner Strong & Buckelew 40 Lake Center Suite 300 Marlton, NJ 08053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,164.00
3.64	Nonpriority creditor's name and mailing address Cooney Coil & Energy, Inc. c/o Richard T. Avis, Esq. P.O. Box 31579 Chicago, IL 60631 Date(s) debt was incurred ____ Last 4 digits of account number 4636	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,130.75
3.65	Nonpriority creditor's name and mailing address Cooney Technologies 20130 Valley Forge Circle King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,672.90
3.66	Nonpriority creditor's name and mailing address Cooper Electric Co. 1321 Wyoming Ave. Exeter, PA 18643 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,465.35
3.67	Nonpriority creditor's name and mailing address Credit Collection Services 725 Canton Street Norwood, MA 02062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NJ EzPass</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$424.00
3.68	Nonpriority creditor's name and mailing address CVI Protective Services 1075 Oak Street Pittston, PA 18640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00

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3.69	Nonpriority creditor's name and mailing address Daikin Applied Americas, Inc. 13600 Industrial Park Blvd. Minneapolis, MN 55441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144,968.93
3.70	Nonpriority creditor's name and mailing address Danko Gas Service 124 Parrish Road Laurel Run, PA 18706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.28
3.71	Nonpriority creditor's name and mailing address DB Utility Contractors LLC 1250 Bethlehem Pike Hatfield, PA 19440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,940.20
3.72	Nonpriority creditor's name and mailing address De Lage Landen Financial PO Box 41602 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,499.71
3.73	Nonpriority creditor's name and mailing address Deacon Industrial Supply Co c/o CCC of New York PO Box 288 Tonawanda, NY 14151-0288 Date(s) debt was incurred ____ Last 4 digits of account number 9448	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,793.58
3.74	Nonpriority creditor's name and mailing address Del Val Equipment 604 General Washington Ave. Norristown, PA 19403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,091.00
3.75	Nonpriority creditor's name and mailing address Delren HVAC, Inc. 141 Shreve Ave. Barrington, NJ 08007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,291.00

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3.76	Nonpriority creditor's name and mailing address Delta Contracting Services 12 Connerty Court Unit A East Brunswick, NJ 08816 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,522.00
3.77	Nonpriority creditor's name and mailing address Delta Electrical Systems, Inc. 11 Garfield Street Nanticoke, PA 18634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,062.35
3.78	Nonpriority creditor's name and mailing address Deltek+Computerease 62 Dallas Shopping Center 380 Dallas, PA 18612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,256.56
3.79	Nonpriority creditor's name and mailing address Design Plastic Systems, Inc. 2560 Blvd. of the Generals Norristown, PA 19403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.80
3.80	Nonpriority creditor's name and mailing address Diamond Manufacturing Company 243 West Eighth Street Wyoming, PA 18644 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,663.10
3.81	Nonpriority creditor's name and mailing address Diamond Tool 2800 Grays Ferry Avenue Philadelphia, PA 19146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,417.81
3.82	Nonpriority creditor's name and mailing address DOT Compliance Group PO Box 5090 Tyler, TX 75712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.83	Nonpriority creditor's name and mailing address Dunmore Roofing & Supply PO Box 2 Dunmore, PA 18512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,100.00
3.84	Nonpriority creditor's name and mailing address DVL 115 Sinclair Road Bristol, PA 19007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,034.80
3.85	Nonpriority creditor's name and mailing address Dynamic Balancing Co., Inc. 831 Crooked Lane King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.86	Nonpriority creditor's name and mailing address EF Siegfried LLC 1811 Walnut Avenue Oreland, PA 19075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,962.00
3.87	Nonpriority creditor's name and mailing address Elan Sales co US Bank Corporate Payment System 12800 Foster Street Overland Park, KS 66213 Date(s) debt was incurred ____ Last 4 digits of account number CPS Collections	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$362,284.70
3.88	Nonpriority creditor's name and mailing address Elgen Manufacturing PO Box 563 Bedford Park, IL 60499-0536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,349.77
3.89	Nonpriority creditor's name and mailing address Elite Air Systems 57 Ash CTR Warminster, PA 18974-4800 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,433.48

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3.90	Nonpriority creditor's name and mailing address Elite Revenue Solutions LLC 100 N. Wilkes-Barre Blvd. Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,294.98
3.91	Nonpriority creditor's name and mailing address EMS 1295 Industrial Center, 604 Westville, NJ 08093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,233.28
3.92	Nonpriority creditor's name and mailing address Energy Transfer Solutions 1220 Ward Ave. West Chester, PA 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,433.48
3.93	Nonpriority creditor's name and mailing address Engineered Air c/o Commerce Bank PO Box 1618 Kansas City, MO 64180-1618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.78
3.94	Nonpriority creditor's name and mailing address Engineered Building Systems PO Box 1171 Wilkes Barre, PA 18703-1171 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795,661.87
3.95	Nonpriority creditor's name and mailing address Enhanced Systems & Products 4700 Watson Drive Doylestown, PA 18902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,990.78
3.96	Nonpriority creditor's name and mailing address Enterprise Fleet Mgmt. P.O. Box 800089 Kansas City, MO 64180-0089 Date(s) debt was incurred ____ Last 4 digits of account number 7410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,437.23

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3.97	Nonpriority creditor's name and mailing address Enterprise FM Trust Enterprise Fleet Mgt Cust PO Box 0089 Kansas City, MO 64180-0089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,830.43
3.98	Nonpriority creditor's name and mailing address Equipment Share 5710 Bull Run Drive Columbia, MO 65201 Date(s) debt was incurred ____ Last 4 digits of account number 7787	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,408.94
3.99	Nonpriority creditor's name and mailing address ERB Company c/o CCC of New York PO Box 288 Tonawanda, NY 14151-0288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,001.15
3.100	Nonpriority creditor's name and mailing address F.W. Webb Company 1665 East Race Street Allentown, PA 18109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,266.57
3.101	Nonpriority creditor's name and mailing address Falasca Mechanical Inc 3329 N. Mill Road Vineland, NJ 08360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.102	Nonpriority creditor's name and mailing address Falzone's Towing Service Inc. 271 North Sherman Street Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,056.72
3.103	Nonpriority creditor's name and mailing address Fastenal Company PO Box 1286 Winona, MN 55987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,243.63

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3.104	Nonpriority creditor's name and mailing address Ferguson HVAC PO Box 417592 Boston, MA 02241-7592 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340,322.24
3.105	Nonpriority creditor's name and mailing address Fidelity Bank PO Box 997 Scranton, PA 18501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.106	Nonpriority creditor's name and mailing address Fisher Balancing Company 1799 Glassboro-Cross Keys Road Williamstown, NJ 08094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,300.00
3.107	Nonpriority creditor's name and mailing address Foley Rents 2973 Galloway Road Bensalem, PA 19020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,900.20
3.108	Nonpriority creditor's name and mailing address Foundation Building Materials 2 Stevens Rd. Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$432.83
3.109	Nonpriority creditor's name and mailing address Fox Tapping, Inc. 1112 Nursery Road Wrightsville, PA 17368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,367.00
3.110	Nonpriority creditor's name and mailing address G&S Fasteners Systems 600 Front Street Whitehall, PA 18052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$739.37

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3.111	Nonpriority creditor's name and mailing address Gage-It, Inc. 94 N Branch Street Sellersville, PA 18960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.00
3.112	Nonpriority creditor's name and mailing address GE Appliances, a HAIER Company PO Box 412233 Boston, MA 02241-2330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.113	Nonpriority creditor's name and mailing address General Aire Systems, Inc PO Box 110 Darby, PA 19023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.114	Nonpriority creditor's name and mailing address Genesis Engineers, Inc. One Sentry Parkway, Suite 100 Blue Bell, PA 19422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,912,071.63
3.115	Nonpriority creditor's name and mailing address GFL/County Waste PO Box 555193 Detroit, MI 48255-5193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,489.98
3.116	Nonpriority creditor's name and mailing address Gil-Bar Solutions 711 N. York Road Willow Grove, PA 19090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,353.06
3.117	Nonpriority creditor's name and mailing address Glen Summit Springs Water Co. PO Box 129 Mountain Top, PA 18707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.59

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3.118	Nonpriority creditor's name and mailing address Gold Star Wide Format 33 S. Wilkes-Barre Blvd. North Suite Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$317.99
3.119	Nonpriority creditor's name and mailing address Golden Business Machines, Inc. 165 Church Street Kingston, PA 18704-0700 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.19
3.120	Nonpriority creditor's name and mailing address Goodman Air Conditioning & Heating PO Box 660503 Dallas, TX 75266-0503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.42
3.121	Nonpriority creditor's name and mailing address GPRS 5217 Monroe Street Suite A Toledo, OH 43623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$975.00
3.122	Nonpriority creditor's name and mailing address Grainger Dept. 748 - 815859715 Palatine, IL 60038-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,242.82
3.123	Nonpriority creditor's name and mailing address Guller Commercial & Industrial 652 Germantown Pike Lafayette Hill, PA 19444 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671,618.67
3.124	Nonpriority creditor's name and mailing address H&H Sales Associates, Inc. 4510A Westport Drive Mechanicsburg, PA 17055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,658.00

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3.125	Nonpriority creditor's name and mailing address H&H Service Company 4510A Westport Drive Mechanicsburg, PA 17055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,277.30
3.126	Nonpriority creditor's name and mailing address H.C. NYE Company 6405 Flank Drive Harrisburg, PA 17112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299,735.07
3.127	Nonpriority creditor's name and mailing address Hajoca Corp dba Eastern Penn Supply 473 Epsco Berwick 7612 Columbia Blvd. Berwick, PA 18603-9043 Date(s) debt was incurred ____ Last 4 digits of account number 5704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,257.90
3.128	Nonpriority creditor's name and mailing address Hale Trailer PO Box 1400 Voorhees, NJ 08043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,516.07
3.129	Nonpriority creditor's name and mailing address Harrington Industrial Plastics PO Box 676273 Dallas, TX 75267-6273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,917.28
3.130	Nonpriority creditor's name and mailing address Haun Welding Supply Inc. 16 Keystone Industrial Park Scranton, PA 18512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,020.18
3.131	Nonpriority creditor's name and mailing address HCT Control Technology 130 Gedney Road Lawrence Township, NJ 08648 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,971.30

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3.132	Nonpriority creditor's name and mailing address Herman Goldner Co. 7777 Brewster Ave. Philadelphia, PA 19153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,900.00
3.133	Nonpriority creditor's name and mailing address Higher Informaiton Group 400 North Blue Ribbon Avenue Harrisburg, PA 17112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$728.45
3.134	Nonpriority creditor's name and mailing address HILTI Inc. PO Box 70299 Philadelphia, PA 19176-0299 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,070.77
3.135	Nonpriority creditor's name and mailing address Home Depot Credit Services P.O. Box 6405 Sioux Falls, SD 57117-6405 Date(s) debt was incurred ____ Last 4 digits of account number <u>0055</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$662.29
3.136	Nonpriority creditor's name and mailing address Honeywell International Inc. 1985 Douglas Drive Golden Valley, MN 55442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.137	Nonpriority creditor's name and mailing address Hose Power 2075 High Hill Road Logan Township, NJ 08085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,440.25
3.138	Nonpriority creditor's name and mailing address HPS Specialties PO Box 4284 Media, PA 19063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,782.00

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3.139	Nonpriority creditor's name and mailing address HVAC Distributors Inc. Two Old Market Street Mount Joy, PA 17552-0160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.140	Nonpriority creditor's name and mailing address I B Dickison & Sons Inc. 1089 Van Reed Road Reading, PA 19605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,794.31
3.141	Nonpriority creditor's name and mailing address IAR Inc. 119 Cooper Street Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243,121.75
3.142	Nonpriority creditor's name and mailing address Independent Balancing Compnay 4052 Ridge Ave. Philadelphia, PA 19129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.143	Nonpriority creditor's name and mailing address Integrated Systems Solutions 1432 Oak Drive Shavertown, PA 18708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160,200.00
3.144	Nonpriority creditor's name and mailing address Integritec, Inc. 5093 N. Lehigh Groge Road White Haven, PA 18661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,794.75
3.145	Nonpriority creditor's name and mailing address Interstate Chemical Company 2797 Freedland Road Hermitage, PA 16148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,364.50

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3.146	Nonpriority creditor's name and mailing address IRR Supply Centers 908 Niagara Falls Blvd. North Tonawanda, NY 14120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
3.147	Nonpriority creditor's name and mailing address J.F. Martin Inc. 4170 Richmond Street Philadelphia, PA 19137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,586.32
3.148	Nonpriority creditor's name and mailing address JGF Funding 400 North Blue Ribbon Avenue Harrisburg, PA 17112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,766.89
3.149	Nonpriority creditor's name and mailing address JHP Industrial Supply Co. 321 W Taylor Street Syracuse, NY 13202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,154.17
3.150	Nonpriority creditor's name and mailing address John F. Scanlan, Inc. 1238-46 Belmont Avenue Philadelphia, PA 19104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,199.27
3.151	Nonpriority creditor's name and mailing address Johnson Controls Inc. 27 Jackson Rd., Suite 303 Devens, MA 01434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,272.00
3.152	Nonpriority creditor's name and mailing address Joseph F. O'Hora and Sons, Inc. 1400-02 N. Washington Ave. Scranton, PA 18509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,745.96

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3.153	Nonpriority creditor's name and mailing address JPC Group, Inc. 1309 Harmony Street Philadelphia, PA 19146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,536.32
3.154	Nonpriority creditor's name and mailing address KEM-TUFF 32 Boyer Circle Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,340.00
3.155	Nonpriority creditor's name and mailing address Kirm & Blum 8735 W Market St Greensboro, NC 27409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,460.05
3.156	Nonpriority creditor's name and mailing address Klenzoid PO Box 389 Conshohocken, PA 19428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,677.53
3.157	Nonpriority creditor's name and mailing address Kolbi Pipe Markers 3727 N. Ventura Drive Arlington Heights, IL 60004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,357.57
3.158	Nonpriority creditor's name and mailing address KONE P.O. Box 22251 New York, NY 10087-2251 Date(s) debt was incurred ____ Last 4 digits of account number <u>5412</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,374.65
3.159	Nonpriority creditor's name and mailing address Lackawanna American Insurance Co. 46 Public Square Ste 501 Wilkes Barre, PA 18701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532,305.00

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3.160	Nonpriority creditor's name and mailing address Lane's Crane Service 1024-26 Springbrook Avenue Moosic, PA 18507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,745.40
3.161	Nonpriority creditor's name and mailing address Lee Electric 240 Hickory Street Scranton, PA 18505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.47
3.162	Nonpriority creditor's name and mailing address LF Driscoll 401 East City Avenue Suite 500 Bala Cynwyd, PA 19004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,906.00
3.163	Nonpriority creditor's name and mailing address LGH 9925 Industrial Drive Bridgeview, IL 60455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.164	Nonpriority creditor's name and mailing address Local 25 Sheet Metal Benefit Funds c/o Ryan Sweeney, Esq. 325 Chestnut St., Suite 200 Philadelphia, PA 19106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,510.32
3.165	Nonpriority creditor's name and mailing address Local 27- Trustees c/o O'Brien Belland & Bushinsky LLC 509 S. Lenola Rd., Bldg. 6 Moorestown, NJ 08057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.166	Nonpriority creditor's name and mailing address Louis P. Canuso, Inc. 401 Crown Point Road Thorofare, NJ 08086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,056.43

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3.167	Nonpriority creditor's name and mailing address Major Medical Hospital Service 150 Cooper Road Suite G-20 West Berlin, NJ 08091 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,960.00
3.168	Nonpriority creditor's name and mailing address MAS Construction Services 121 Market Street Suite 316 Camden, NJ 08102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$641,616.12
3.169	Nonpriority creditor's name and mailing address Mason Industries PO Box 410 Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,162.00
3.170	Nonpriority creditor's name and mailing address McCarthy Tire & Auto Center PO Box 1125 Wilkes Barre, PA 18703-1125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,387.76
3.171	Nonpriority creditor's name and mailing address McGregor Industries, Inc. 46 Line Street Dunmore, PA 18512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,233.00
3.172	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co. PO Boz 7690 Chicago, IL 60680-7690 Date(s) debt was incurred ____ Last 4 digits of account number 0418	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$314.84
3.173	Nonpriority creditor's name and mailing address Medical Gas Solutions, Inc. 20 McDonald Blvd. Aston, PA 19014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,432.00

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3.174	Nonpriority creditor's name and mailing address Meier Supply Co., Inc. 275 Broome Corporate Prwy Conklin, NY 13748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,966.83
3.175	Nonpriority creditor's name and mailing address MLP Plumbing & Mechanical 3198 Union Road Suite 300 Cheektowaga, NY 14227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,574.35
3.176	Nonpriority creditor's name and mailing address Modern Fasteners 1701-A Loretta Avenue Feasterville Trevose, PA 19053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,358.20
3.177	Nonpriority creditor's name and mailing address Modular Services Company 500 East Britton Road Oklahoma City, OK 73114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,299.00
3.178	Nonpriority creditor's name and mailing address Montana Dept. of Labor & Industry Unemployment Insurance Div. P.O. Box 6339 Helena, MT 59604-6339 Date(s) debt was incurred ____ Last 4 digits of account number 0383	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,122.82
3.179	Nonpriority creditor's name and mailing address Montana Dept. of Revenue PO Box 6309 Helena, MT 59604-6309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,439.00
3.180	Nonpriority creditor's name and mailing address Mountain Air Balancing PO Box 598 Tunkhannock, PA 18657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,700.00

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3.181	Nonpriority creditor's name and mailing address MPF Insulation LLC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,204.68
3.182	Nonpriority creditor's name and mailing address Nefco Corporation 415 Boot Road Downingtown, PA 19335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,203.17
3.183	Nonpriority creditor's name and mailing address New Jersey Department of Labor and Workforce Development PO Box 058 Trenton, NJ 08625-0058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.184	Nonpriority creditor's name and mailing address New York State Department of Labor PO Box 15130 Albany, NY 12212-5130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.185	Nonpriority creditor's name and mailing address New York State Department of Labor Unemployment Insurance Division PO Box 15122 Albany, NY 12212-5122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.186	Nonpriority creditor's name and mailing address New York State Dept of Taxation Fin PO Box 15012 Albany, NY 12212-5012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,373.00
3.187	Nonpriority creditor's name and mailing address New York State Dept. of Taxation & Finance Civil Enforcemen WA Harriman Campus Albany, NY 12220-0841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.188	Nonpriority creditor's name and mailing address Newell Fuel Service PO Box B Dallas, PA 18612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,139.41
3.189	Nonpriority creditor's name and mailing address Nexgen Automation, Inc. 4501 Chambers Hill Road Harrisburg, PA 17111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,302.00
3.190	Nonpriority creditor's name and mailing address Nissan Motor Acceptance PO Box 740596 Cincinnati, OH 45274-0596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,616.55
3.191	Nonpriority creditor's name and mailing address Nivert Metals 1100 Marshwood Road Scranton, PA 18512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$766.91
3.192	Nonpriority creditor's name and mailing address NJ E-ZPass c/o CCS USA 725 Canton Street Norwood, MA 02062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.25
3.193	Nonpriority creditor's name and mailing address NRG Controls PO Box 235 Selinsgrove, PA 17870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112,592.24
3.194	Nonpriority creditor's name and mailing address Nutech Hydronic Specialty Prod 2705 Clemens Road Hatfield, PA 19440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$754.72

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3.195	Nonpriority creditor's name and mailing address NYSIF Disability Benefits PO Box 5520 Binghamton, NY 13902-5520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,019.67
3.196	Nonpriority creditor's name and mailing address Occupational Health Centers of Southwest PA, PC PO Box 8750 Elkridge, MD 21075-3214 Date(s) debt was incurred ____ Last 4 digits of account number 4861	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.00
3.197	Nonpriority creditor's name and mailing address Onicon 11451 Belcher Road South Largo, FL 33773 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,703.81
3.198	Nonpriority creditor's name and mailing address Orange County Winsupply 157 Bracken Road Montgomery, NY 12549-2602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.32
3.199	Nonpriority creditor's name and mailing address PA Unemployment Compensation Fund PO Box 60848 Harrisburg, PA 17106-0848 Date(s) debt was incurred 2/2022, 3/2022, 4/2022 Last 4 digits of account number 7323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121,149.97
3.200	Nonpriority creditor's name and mailing address PA-American Water Co. PO Box 371412 Pittsburgh, PA 15250-7412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.03
3.201	Nonpriority creditor's name and mailing address Parsons Sales Co., Inc. 310 George Avenue Wilkes Barre, PA 18705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,449.81

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3.202	Nonpriority creditor's name and mailing address Passaic Metals (PAMPCO) 5 Central Avenue Clifton, NJ 07011 Date(s) debt was incurred <u>10/31/22</u> Last 4 digits of account number <u>0446</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,490.95
3.203	Nonpriority creditor's name and mailing address PD Construction Group 309 Camer Drive Bensalem, PA 19020 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,239.00
3.204	Nonpriority creditor's name and mailing address PECO P.O. Box 37629 Philadelphia, PA 19101-0629 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>5063</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$616.09
3.205	Nonpriority creditor's name and mailing address Peirce Phelps, LLC 516 E. Township Line Rd. Blue Bell, PA 19422-2197 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>2018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.206	Nonpriority creditor's name and mailing address PENA - PLAS 1249 Mid Valley Drive Jessup, PA 18434 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.60
3.207	Nonpriority creditor's name and mailing address Penn Mutual Life Ins. Co. Payment Processing Center PO Box 7460 Philadelphia, PA 19101-7460 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,030.35
3.208	Nonpriority creditor's name and mailing address Penn Pump 2880 Bergy Road Unit O Hatfield, PA 19440 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,503.75

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3.209	Nonpriority creditor's name and mailing address Penn Security Bank & Trust Co. PF/PL Local Union #524 711 E Corey Street Scranton, PA 18503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,247.95
3.210	Nonpriority creditor's name and mailing address Penncoyd Iron Works 4 School Lane Folcroft, PA 19032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598,996.00
3.211	Nonpriority creditor's name and mailing address Pennsylvania Power & Light Co. 2 North 9th Street CPC-GENN1 Allentown, PA 18101-1175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,779.27
3.212	Nonpriority creditor's name and mailing address Pennsylvania Turnpike Commission Violation Processing Center 8000C Derry Street Harrisburg, PA 17111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$984.43
3.213	Nonpriority creditor's name and mailing address Perry Fiberglass Products Inc 5415 Village Drive Rockledge, FL 32955 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,270.00
3.214	Nonpriority creditor's name and mailing address Pestmaster Services 93 Loomis Street Wilkes Barre, PA 18702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.10
3.215	Nonpriority creditor's name and mailing address Peterson Service Co. 234 Route 70 Medford, NJ 08055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303,894.20

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3.216	Nonpriority creditor's name and mailing address Phoenix Corp. c/o Ronald Amato, Esq. 107 N. Commerce Way Bethlehem, PA 18017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,475.00
3.217	Nonpriority creditor's name and mailing address Phoenix Metals Company P.O. Box 932589 Atlanta, GA 31193 Date(s) debt was incurred 5.12.22 - 7.12.22 Last 4 digits of account number 1321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,191.26
3.218	Nonpriority creditor's name and mailing address Pillinger Miller Tarallo, LLP 126 N. Salina Street Suite 215 Syracuse, NY 13202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.219	Nonpriority creditor's name and mailing address Pipefitters and Plumbers Local 524 c/o O'Donoghue & O'Donoghue LLP 5300 Wisconsin Avenue NW, Suite 800 Washington, DC 20015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,694.00
3.220	Nonpriority creditor's name and mailing address Plumbers & Pipefitters Local 112 Trustee Account Binghamton, NY 13904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,232.06
3.221	Nonpriority creditor's name and mailing address Plumbers and Pipefitters Local 520 Benefit Funds PO Box 1889 Troy, MI 48099-1889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,677.04
3.222	Nonpriority creditor's name and mailing address Plumbers Union Local 690 2791 Southampton Road Philadelphia, PA 19154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.223	Nonpriority creditor's name and mailing address PPI - Production Products, Inc. 30500 Potomac Way Charlotte Hall, MD 20622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$654.97
3.224	Nonpriority creditor's name and mailing address PPNPF Contribution Fund PO Box 79972 Baltimore, MD 21279-0972 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,516.51
3.225	Nonpriority creditor's name and mailing address Precision Pump Service PO Box 247 Gradyville, PA 19039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
3.226	Nonpriority creditor's name and mailing address ProAsys 318 Hendel Street Shillington, PA 19607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.00
3.227	Nonpriority creditor's name and mailing address PROCONEX PO Box 757 Souderton, PA 18964-0757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,368.48
3.228	Nonpriority creditor's name and mailing address ProCore Construction Services 978 Bridgetown Pike Langhorne, PA 19053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.04
3.229	Nonpriority creditor's name and mailing address Quill Corporation PO Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.99

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3.230	Nonpriority creditor's name and mailing address R.E. Michel Company Inc. PO Box 70510 Philadelphia, PA 19176-0510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,908.87
3.231	Nonpriority creditor's name and mailing address R.J. Walker Company 1555 N. Keyser Avenue Scranton, PA 18504-9664 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.57
3.232	Nonpriority creditor's name and mailing address Reager & Adler, P.C. 2331 Market Street Camp Hill, PA 17011 Date(s) debt was incurred ____ Last 4 digits of account number 000H	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$810.00
3.233	Nonpriority creditor's name and mailing address Riley Sales, Inc. 1719 Romano Drive Plymouth Meeting, PA 19462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,757.83
3.234	Nonpriority creditor's name and mailing address Robert M. Hilberts Inc. PO Box 548 Conshohocken, PA 19428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,105.00
3.235	Nonpriority creditor's name and mailing address RP Machine 906 Stillwater Road Newton, NJ 07860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,230.00
3.236	Nonpriority creditor's name and mailing address Ryder Transportation Services PO Box 96723 Chicago, IL 60693-6723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,361.68

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3.237	Nonpriority creditor's name and mailing address Safeco Insurance PO Box 1438 New York, NY 10116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.238	Nonpriority creditor's name and mailing address Schneider Electric PO Box 841868 Dallas, TX 75284-1868 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,438.00
3.239	Nonpriority creditor's name and mailing address Scranton Single Tax Office 123 Wyoming Avenue Scranton, PA 18503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.240	Nonpriority creditor's name and mailing address Selective Insurance Company PO Box 371468 Pittsburgh, PA 15250-7468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,452.00
3.241	Nonpriority creditor's name and mailing address Service Electric PO Box 65123 Baltimore, MD 21264-5123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.20
3.242	Nonpriority creditor's name and mailing address Seton 2491 Wehrle Drive Buffalo, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.82
3.243	Nonpriority creditor's name and mailing address Sheet Metal Worker's Local No. 19 1301 South Columbus Blvd. Philadelphia, PA 19147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.244	Nonpriority creditor's name and mailing address Sheet Metal Workers Local #44 Lawrence C. Musgrove Assoc. Inc 1299 S Colorado Street Salem, VA 24153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$628,498.53
3.245	Nonpriority creditor's name and mailing address Sheet Metal Workers' Nat'l Benefit 3180 Fairview Park Drive, Suite 400 Falls Church, VA 22042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$566,236.93
3.246	Nonpriority creditor's name and mailing address Siemens Building Technologies PO Box 2134 Carol Stream, IL 60132-2134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$742,160.92
3.247	Nonpriority creditor's name and mailing address Skyworks Equipment Rental PO Box 74404 Cleveland, OH 44194-0504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,661.66
3.248	Nonpriority creditor's name and mailing address Smart Tap, Inc. PO Box 277 Oley, PA 19547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,400.00
3.249	Nonpriority creditor's name and mailing address SmithMiller Associates 38 North Main Street Pittston, PA 18640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,900.00
3.250	Nonpriority creditor's name and mailing address Solutions for Small Business PO Box 448 Wilkes Barre, PA 18703-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.70

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3.251	Nonpriority creditor's name and mailing address Southern Tier Insulations, Inc. 3150 Buckingham Drive Endwell, NY 13760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,344.30
3.252	Nonpriority creditor's name and mailing address SREIT Middlebrook, LLC 40 Tenth Avenue 8th Floor New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease guaranty</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,228.00
3.253	Nonpriority creditor's name and mailing address Stadium Intl S&S, LLC 1006 Underwood Road Olyphant, PA 18447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,923.30
3.254	Nonpriority creditor's name and mailing address Star Insulation 900 Miller Ave. Croydon, PA 19021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$392,451.44
3.255	Nonpriority creditor's name and mailing address State of New York, Binghamton Univ c/o Pillinger Miller Tarallo 126 N. Salinas Street, Suite 215 Syracuse, NY 13202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.256	Nonpriority creditor's name and mailing address Steamfitters Local Union #420 14420 Townsend Road Philadelphia, PA 19154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,722,926.56
3.257	Nonpriority creditor's name and mailing address Sunbelt Rentals PO Box 409211 Atlanta, GA 30384-9211 Date(s) debt was incurred ____ Last 4 digits of account number <u>7507</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,714.00

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3.258	Nonpriority creditor's name and mailing address Swagelok Penn 1663 Republic Road Huntingdon Valley, PA 19006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,809.01
3.259	Nonpriority creditor's name and mailing address Thackray Crane Rental, Inc. 2071 Byberry Road Philadelphia, PA 19116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,502.33
3.260	Nonpriority creditor's name and mailing address The Agnew Corporation Agent c/o Lentz, Cantor & Massey, Ltd. 460 E. King Road Malvern, PA 19355-3049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,887.38
3.261	Nonpriority creditor's name and mailing address The Pate Company 245 Eisenhower Lane South Lombard, IL 60148 Date(s) debt was incurred ____ Last 4 digits of account number <u>9275</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,456.76
3.262	Nonpriority creditor's name and mailing address The Receivable Management Services P.O. Box 19646 Minneapolis, MN 55419 Date(s) debt was incurred ____ Last 4 digits of account number <u>9132</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,312.10
3.263	Nonpriority creditor's name and mailing address The State of Pennsylvania Pending Lien Enforcements - Tax Grou Wilkes-Barre, PA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295,077.00
3.264	Nonpriority creditor's name and mailing address Thermal Solutions Contractors 1408 Pennsylvania Avenue Oreland, PA 19075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,020.00

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3.265	Nonpriority creditor's name and mailing address Toyota Financial Services PO Box 5855 Carol Stream, IL 60197-5855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,672.20
3.266	Nonpriority creditor's name and mailing address TP Trailers, Inc. 703 West Ridge Pike Limerick, PA 19468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,151.80
3.267	Nonpriority creditor's name and mailing address Trane U.S. Inc. 3600 Pammel Creek Rd. La Crosse, WI 54601-7599 Date(s) debt was incurred ____ Last 4 digits of account number 4024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142,876.31
3.268	Nonpriority creditor's name and mailing address Trimble Navigation Limited PO Box 203558 Dallas, TX 75320-3558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,089.84
3.269	Nonpriority creditor's name and mailing address Triple Cities Windustrial Co. 2300 Vestal Road Vestal, NY 13850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,581.60
3.270	Nonpriority creditor's name and mailing address Tristate Equipment 2587 Yellow Springs Road Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,999.27
3.271	Nonpriority creditor's name and mailing address Trustees of the Pipefitters and Plu c/o Andrew Costa-Kelser, Esq. Constitution Place, Suite 600 Philadelphia, PA 19106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,407.23

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3.272	Nonpriority creditor's name and mailing address Tulpehocken Spring Water 200 N. 1st Street Stroudsburg, PA 18360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.47
3.273	Nonpriority creditor's name and mailing address U.A. Local 22 Fringe Benefit A 120 Gardenville Parkway West Seneca, NY 14224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,542.72
3.274	Nonpriority creditor's name and mailing address U.A. Local Union 524 Organization Fund 711 Corey Street Scranton, PA 18505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,678.70
3.275	Nonpriority creditor's name and mailing address U.G.I. Utilites, Inc. PO Box 15503 Wilmington, DE 19886-5503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,391.43
3.276	Nonpriority creditor's name and mailing address U.S. Office & Industrial Supply PO Box 7612 Van Nuys, CA 91409-7612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,684.50
3.277	Nonpriority creditor's name and mailing address UA Local Union 524 711 Corey Street Scranton, PA 18505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,460.04
3.278	Nonpriority creditor's name and mailing address UALMC United Assoc Labor Mgt Corp THREE PARK PLACE Annapolis, MD 21401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.42

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3.279	Nonpriority creditor's name and mailing address Uline Attn: Accounts Receivable P.O. Box 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,854.73
3.280	Nonpriority creditor's name and mailing address United Energy Products, Inc. 1610 Professional Blvd. Crofton, MD 21114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,485.20
3.281	Nonpriority creditor's name and mailing address United Parcel Service PO Box 650116 Dallas, TX 75264-0116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.47
3.282	Nonpriority creditor's name and mailing address United Rentals Credit Office #589 1550 Northwest Dr NW Atlanta, GA 30318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,054.20
3.283	Nonpriority creditor's name and mailing address United States Surety Company 225 Schilling Circle, Suite 265 Hunt Valley, MD 21031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Bond claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.284	Nonpriority creditor's name and mailing address Unum Life Ins Co of America PO Box 406990 Atlanta, GA 30384-6990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.10
3.285	Nonpriority creditor's name and mailing address UPS RMS c/o Executive Financial Enterprises 1465 Tamarind Ave. Box 680 Hollywood, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481.92

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3.286	Nonpriority creditor's name and mailing address Urban Electrical Contractors 801 William Street Dunmore, PA 18510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,352.72
3.287	Nonpriority creditor's name and mailing address US Department of Transportation 1200 New Jersey Avenue S.E. Washington, DC 20590 Date(s) debt was incurred ____ Last 4 digits of account number 3691	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.288	Nonpriority creditor's name and mailing address Valley Testing & Balancing, Inc. PO Box 1205 Conyngham, PA 18219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,938.00
3.289	Nonpriority creditor's name and mailing address Verizon 6929 N. Lakewood Ave. Tulsa, OK 74117 Date(s) debt was incurred ____ Last 4 digits of account number 0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,498.00
3.290	Nonpriority creditor's name and mailing address Verizon 6929 N. Lakewood Ave. Tulsa, OK 74117 Date(s) debt was incurred ____ Last 4 digits of account number 0009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.32
3.291	Nonpriority creditor's name and mailing address Versatile Office Trailers 527 Route 31 Port Byron, NY 13140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,216.76
3.292	Nonpriority creditor's name and mailing address W.W. Grainger Inc. c/o Richard T. Avis, Esq. PO Box 31579 Chicago, IL 60631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,178.20

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3.293	Nonpriority creditor's name and mailing address Waco Filters Corporation 26661 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,603.05
3.294	Nonpriority creditor's name and mailing address Ware Industries address needed Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,435.00
3.295	Nonpriority creditor's name and mailing address Weinstein Supply 887 Fern Hill Road West Chester, PA 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,030.95
3.296	Nonpriority creditor's name and mailing address Wells Fargo Bank Plumber's Local Union 690 Fund 2791 Southampton Road Philadelphia, PA 19154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,119,675.52
3.297	Nonpriority creditor's name and mailing address Westmoreland Club 59 South Franklin Street Wilkes Barre, PA 18701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,645.03
3.298	Nonpriority creditor's name and mailing address Wyoming Valley Country Club PO Box 996 Wilkes Barre, PA 18703-0996 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,047.87
3.299	Nonpriority creditor's name and mailing address Wyoming Valley Sanitary Author PO Box 33A Wilkes Barre, PA 18703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.20

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3.300	Nonpriority creditor's name and mailing address Xerox Corporation P.O. Box 660501 Dallas, TX 75266-0501 Date(s) debt was incurred _ Last 4 digits of account number 9186	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,129.36
3.301	Nonpriority creditor's name and mailing address Yeager Supply, Inc. PO Box 1177 Reading, PA 19603-1177 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,607.49
3.302	Nonpriority creditor's name and mailing address Z-Tech Insulation, Inc. 215 Corporate Drive Reading, PA 19605 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268,182.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Benjamin Chaise & Assoc 6520 Platt Ave 663 West Hills, CA 91307	Line 3.254 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Brown & Joseph LLC One Pierce Place Suite 700 W Itasca, IL 60143	Line 3.159 <input type="checkbox"/> Not listed. Explain _____	—
4.3	C2C Resources LLC 1455 Lincoln Pkwy E, Suite 550 Atlanta, GA 30346	Line 3.130 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Caine & Weiner 12005 Ford Rd., Suite 300 Dallas, TX 75234	Line 3.172 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Commercial Collection of NY 34 Seymour Street Tonawanda, NY 14150	Line 3.73 <input type="checkbox"/> Not listed. Explain _____	—
4.6	CST Co. PO Box 33127 Louisville, KY 40232-3127	Line 3.238 <input type="checkbox"/> Not listed. Explain _____	—

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	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	DAL, Inc. PO Box 162 Clifton Heights, PA 19018-0162	Line <u>3.127</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Darryl White Caine & Weiner 5805 Sepulveda Blvd, 4th Floor Sherman Oaks, CA 91411	Line <u>3.294</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Gentile Law Firm 220 South White Horse Pike Audubon, NJ 08106	Line <u>3.205</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Harrington Industrial Plastics 14480 Yarba Avenue Chino, CA 91710	Line <u>3.129</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Honeywell International Inc. 3079 Premier Pkwy Suite 100 Duluth, GA 30097	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	James Adelman, Esq. Morris & Adelman PO Box 2235 Bala Cynwyd, PA 19004	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	Laura Leacy Kyler, Esq McCarter & English 100 Mulberry Street Newark, NJ 07102	Line <u>3.252</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	NCS Credit 729 Miner Rd. Cleveland, OH 44134	Line <u>3.261</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	Richard Dreyfus Levy Diamond Bello & Assoc. 260 Quarry Road, Unit D Milford, CT 06460	Line <u>3.202</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	The Receivable Management Services P.O. Box 19646 Minneapolis, MN 55419	Line <u>3.300</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	Thomas Beckley Beckley & Madden 212 North Third St, Suite 301 Harrisburg, PA 17101	Line <u>3.124</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	Tokio Marine HCC 801 South Figueroa Stret Suite 700 Los Angeles, CA 90017	Line <u>3.283</u> <input type="checkbox"/> Not listed. Explain _____	—

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	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.19	Transworld Systems 500 Virgina Drive Suite 514 Fort Washington, PA 19034	Line <u>3.212</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	Trimble, Inc. 935 Stewart Drive 94085- Sunnyvale, CA 94085-3913	Line <u>3.268</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	United States Surety Company 1 Texas Station Ct #230 Timonium, MD 21093	Line <u>3.283</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22	Wagner Falconer & Judd 100 S. Fifth Street Suite 800 Minneapolis, MN 55402	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	Walsh & Gaertner 24 East 4th Street Saint Paul, MN 55101	Line <u>3.236</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts	
5a.	\$ 0.00

5b. Total claims from Part 2

5b.	+ \$ 27,829,089.18
-----	---------------------------

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.	\$ 27,829,089.18
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Fill in this information to identify the case:

Debtor name **Marx Sheet Metal & Mechanical, Inc.**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number (if known) **5:23-bk-00839**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Canon Financial Services, Inc.
14904 Collections Center Dr.
Chicago, IL 60693-0149**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Vehicle Lease**

State the term remaining

List the contract number of any government contract

**Enterprise Fleet Mgmt.
P.O. Box 800089
Kansas City, MO 64180-0089**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Auto Lease**

State the term remaining

List the contract number of any government contract

**Nissan Motor Acceptance
PO Box 740596
Cincinnati, OH 45274-0596**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Vehicle Lease**

State the term remaining

List the contract number of any government contract

Toyota Financial

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Equipment Lease

State the term remaining

List the contract number of any government contract

Xerox Corporation
P.O. Box 660501
Dallas, TX 75266-0501

Fill in this information to identify the case:Debtor name **Marx Sheet Metal & Mechanical, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **5:23-bk-00839**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Joseph Marx**
24 Clifton Court
Hanover Twp, PA 18707

Univest Bank and
Trust Co.

☒ D **2.4**
☐ E/F _____
☐ G _____

2.2 **Marx Brothers**
Properties, LLC
373 High Street
Wilkes Barre, PA 18702

Univest Bank and
Trust Co.

☒ D **2.5**
☐ E/F _____
☐ G _____

2.3 **Marx Group NJ**
LLC
14 East Street
Suite 14E4
Bound Brook, NJ 08805

GreatAmerica
Financial Services

☒ D **2.3**
☐ E/F _____
☐ G _____

2.4 **Marx Group NJ**
LLC
14 East Street
Suite 14E4
Bound Brook, NJ 08805

SREIT Middlebrook,
LLC

☐ D _____
☒ E/F **3.252**
☐ G _____

Debtor Marx Sheet Metal & Mechanical, Inc.

Case number (if known) 5:23-bk-00839

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Marx Group NJ LLC	14 East Street Suite 14E4 Bound Brook, NJ 08805	Univest Bank and Trust Co.	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	Thomas Marx Sr	14 Birch Street Wilkes Barre, PA 18705	Univest Bank and Trust Co.	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:Debtor name **Marx Sheet Metal & Mechanical, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **5:23-bk-00839**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2023** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$5,069,484.00****For prior year:**From **1/01/2022** to **12/31/2022**☒ Operating a business☐ Other _____**\$50,635,482.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Trustees of tthe Sheet Metal, Air, Rail, Transportation Workers International Association Local 27 Annuity Fund, et al. v. Halo-Marx Sheet Metal d/b/a Marx Sheet Metal & Mechanical, Inc. 22-cv-06402-ZNQ-LHG	Failure to remit dues	District Court of New Jersey Clarkson S. Fisher Building & U.S. Court 402 East State Street Room 2020 Trenton, NJ 08608	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	GreatAmerica Financial Services Corporation v. Marx NJ Group LLC d/b/a halo Marx Sheet Metal and Marx Sheet Metal Mechanical, Inc. LACV101041	Breach of Contract	Iowa District Court for Linn County 50 3rd Ave Bridge Cedar Rapids, IA 52401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Integrated System Solutions v. Marx Sheet Metal & Mechanical, Inc. 01-22-0004-9953	Construction Breach of Contract	American Arbitration Association P.O. Box 19609 Johnston, RI 02919	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	Local Union #25 New Jersey on its Behalf and on Behalf of the Sheet Metal Workers Local #25 Welfare, Vacation, Annuity and Education Funds v. Marx NJ Grooup LLC d/b/a Halo Marx Sheet Metal	Arbitration		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Univest Bank and Trust Co. v. Marx Sheet Metal & Mechanical, Inc. 2023-03503	Note Default	Court of Common Pleas Montgomery County 2 E. Airy Street Norristown, PA 19401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Univest Bank and Trust Co. v. Marx Sheet Metal & Mechanical, Inc. 2023-02966	Note Default	Court of Common Pleas Montgomery County 2 E. Airy Street Norristown, PA 19401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	Trustees of the Pipefitters and Plumbers Local 524 Annuity Fund v. Marx Sheet Metal & Mechanical, Inc. and Joseph Marx 23-cv-407	Complaint	District Court, MDPA 228 Walnut St. Harrisburg, PA 17101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	Commonwealth of PA Dept of Labor & Industry to the Use of the Unemployment Compensation Fund v. Marx Sheet Metal & Mechanical, Inc. 2023-01605		Luzerne County Courthouse 200 North River Street Wilkes Barre, PA 18711-1001	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	Peirce-Phelps, LLC v. Marx Sheet Metal & Mechanical, Inc. and Donald Marx, Sr. 2023-380		Philadelphia Court of Common Pleas 1400 JFK Blvd. Philadelphia, PA 19107	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	H&H Sales Associates, Inc. v. Debtor 2022-10335	Breach of Contract	Luzerne County Court of Common Pleas	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	Berkley Insurance Company v. Debtor, et al 3:23-cv-00615-KM	Civil Action	United States District Court - MDPA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Flaster/Greenberg, P.C. 1717 Arch Street Suite 3300 Philadelphia, PA 19103	Attorney Fees	3/6/2023	\$25,338.00
Email or website address harry.giacometti@flastergreenberg.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address**Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services
the debtor provides****If debtor provides meals
and housing, number of
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan**Marx Sheet Metal & Mechanical****Employer identification number of the plan**EIN: **?**

Has the plan been terminated?

☐ No

☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

**Financial Institution name and
Address****Last 4 digits of
account number****Type of account or
instrument****Date account was
closed, sold,
moved, or
transferred****Last balance
before closing or
transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Public Storage 1138 W Chester Pike West Chester, PA 19382	Access denied by facility	Office fixtures and equipment, tools, equipment used by business	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **CohnReznick LLP**
101 Crawfords Corner Road
Suite 2316
Holmdel, NJ 07733

2018-2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are
unavailable, explain why

26c.1. **CohnReznick LLP**
101 Crawfords Corner Road
Suite 2316
Holmdel, NJ 07733

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Univest Bank and Trust Co.**
14 N. Main Street
Souderton, PA 18964

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.Name of the person who supervised the taking of the
inventory

Date of inventory

The dollar amount and basis (cost, market,
or other basis) of each inventory**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Thomas Marx Sr	14 Birch Street Wilkes Barre, PA 18705	Shareholder	50

Name	Address	Position and nature of any interest	% of interest, if any
Joseph Marx	24 Clifton Court Hanover Twp, PA 18707	Shareholder - President	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
Sheet Metal Workers 19, 25, 38 and 44	EIN:
Pipefitters Local 22, 38, 520, 524	EIN:
Plumbers Local 690	EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 12, 2023**

/s/ Joseph Marx

Signature of individual signing on behalf of the debtor

Joseph Marx

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

United States Bankruptcy Court
Middle District of Pennsylvania

In re **Marx Sheet Metal & Mechanical, Inc.**

Debtor(s)

Case No. **5:23-bk-00839**Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	25,000.00
Prior to the filing of this statement I have received	\$	25,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 12, 2023

Date

/s/ Harry J. Giacometti

Harry J. Giacometti 55861

Signature of Attorney

Flaster/Greenberg, P.C.

1717 Arch Street

Suite 3300

Philadelphia, PA 19103

(215) 279-9393

harry.giacometti@flastergreenberg.com

Name of law firm

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re **Marx Sheet Metal & Mechanical, Inc.**

Debtor(s)

Case No. **5:23-bk-00839**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 12, 2023**

/s/ Joseph Marx

Joseph Marx/President

Signer/Title

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re **Marx Sheet Metal & Mechanical, Inc.**

Debtor(s)

Case No. **5:23-bk-00839**

Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Marx Sheet Metal & Mechanical, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Joseph Marx
24 Clifton Ct
Hanover Twp, PA 18707

Thomas Marx Sr.
14 Birch Street
Wilkes Barre, PA 18705

☐ None [*Check if applicable*]

May 12, 2023

Date

/s/ Harry J. Giacometti

Harry J. Giacometti 55861

Signature of Attorney or Litigant

Counsel for **Marx Sheet Metal & Mechanical, Inc.**

Flaster/Greenberg, P.C.

1717 Arch Street

Suite 3300

Philadelphia, PA 19103

(215) 279-9393

harry.giacometti@flastergreenberg.com